

Connecticut Health Insurance Exchange Consumer Outreach Forum

Consumer Advocacy Group Discussion Summary

Date:

February 22, 2012

Location:

Gateway Community College, 60 Sargent Drive, New Haven

Background:

Mintz & Hoke has been charged with developing the consumer outreach program for the Connecticut Health Insurance Exchange. A series of consumer outreach forums represent the initial steps in a multiple-phased information gathering process aimed at better understanding people's needs, desires and expectations relative to the Exchange. Input from participants in these group discussions, moderated by Mintz & Hoke, will have a direct impact on the development of messages and the tools used to introduce the Exchange and inform state residents about the options available to them. Recruitment for this forum consisted of an email invitation sent on February 13, 2012, and a second email invitation sent on February 17, 2012. This document is intended as a summarized snapshot of the initial perspectives shared by the individuals who participated. **This document is not intended to represent final thoughts or positions.**

Moderators:

Chris Knopf, Mintz & Hoke
Su Strawderman, Mintz & Hoke
Kathy Morelli, Mintz & Hoke

Invited to Attend:

Consumer outreach forums were open to the public. Direct invitations went out to the following:

Advocacy for Patients with Chronic Illness
African American Affairs Commission
American Association of Retired Persons
Asian Pacific American Affairs Commission
Child Health and Development Institute of CT
Citizens for Economic Opportunity
Community Renewal Team, Inc.
Community Renewal Team, Inc.
Connecticut AIDS Resource Coalition
Connecticut Health Foundation
CT Commission on Health Equity
CT Family Support Network
CT Health Policy Project
CT Legal Services
CT Voices for Children
Legal Assistance Resource Center of CT
Mashantucket Pequot Tribal Nation
Mental Health Association of CT
National Alliance on Mental Illness - CT
National Multiple Sclerosis Society of Connecticut
New Haven Legal Assistance Association
Office of the Healthcare Advocate

Spanish American Merchants Association
The Connecticut Multicultural Health Partnership
The Mohegan Tribe of Indians
Universal Health Care Foundation of CT
Urban League of Greater Hartford

Meeting Attendees:

Egondou Onyejekwe, The CT Multicultural Health Partnership
Ellen Andrews, CT Health Policy Project
Jill Zorn, Universal Health Care Foundation of CT
Phil Wyzik, Mental Health Association of CT
Shawn Lang, Connecticut AIDS Resource Coalition
Kristen Noelle Hatcher, CT Legal Services
Theresa Nicholson, Community Renewal Team
Thomas Burr, National Alliance on Mental Illness – CT

Consumer Perception:

What are your constituents' current attitudes toward the healthcare industry? How do they feel about their ability to access healthcare? What is affecting their attitudes?

There is a great deal of distrust in consumer and advocate community.

Employees feel insurance is too expensive. They would rather take State help or nothing at all. Currently if a job does not offer insurance, it becomes a stumbling block and can prevent people from being able to change careers.

We need to get educated about what is most beneficial to consumers. Offer what is best for the employee, not necessarily the company. Impediments to access cause some people to have to choose between healthcare and providing for their family.

I do not think anybody likes the healthcare industry. It is not a warm and fuzzy thing. People think they are ripping us off. Fat cats. Big industry. Too complicated and too cold. Unless you needed a bypass and it worked.

How people feel about it depends on who you are talking to. If you are independently wealthy, healthcare is not an issue. The great middle part of the bell curve, the working class, struggles. People think they're in a good place until they need it and then, not so much. You may find out it's not everything you think it is. Know someone who was mentally ill, jobless, living on streets. He got into state insurance and the coverage was wonderful compared with what his family originally had as working/middle class. Majority of audience do not have respect for healthcare industry, rip-off. Economic pressures have morphed into awful monster with no connection with reality. Hope that Exchange will work this out, but much remains to be seen. Attitudes are affected by reality of healthcare industry now.

Constituents include different subsets of society. Healthcare currently focuses on only one aspect of health: being sick. It does not focus on wellness and how you continue to be well. People focus on the money that the insurer is going to get when they are sick. There are two items to address: one is complete wellness, the other is to figure out how to channel those who fall out of the "complete wellness" group.

On the ability to access healthcare, the differentials are subject to social issues. If I am incarcerated, regardless of what you tell me, my access is limited. Now I do not have the freedom to select my own healthcare. What is affecting attitude: class, social status, economic status. What am I able to buy? This will affect what choices they make. The middle class becomes the issue. Those who fall outside of Medicaid coverage. Hatred toward healthcare industry. Idea that it is a monster that is coming after us for whatever reason. Gets engrained in people's heads so that they don't even want to talk about it.

As a large organization with a lot of ability to negotiate rates, we still received a 9% rate increase this year.

What or who helps facilitate them getting healthcare? What are the obstacles that currently prevent them from getting healthcare?

Why do I have to choose between insurance and providing for my family? Too expensive, even if the premium is reasonable there's still the deductible. Even HSAs are not really an option for people who are making \$10-12. Insurance becomes a financial burden.

In theory everyone is supposed to be able to apply for insurance in the same way. Hopefully messaging will tell people where to go, and it should be consistent regardless of need/background.

Affordability in Connecticut will be huge no matter what. People's perspective of the healthcare industry is affected by affordability and how sick people are. If you cannot get it now you will be able to on the Exchange, although affordability will still be a problem. People who are less sick will have a stronger focus on affordability. People with pre-existing conditions currently have different focus areas and concerns than those without serious health problems, who will be more focused on cost.

Insurance is a luxury. Are you eligible for Medicaid? Do you have a job? Are you lucky enough to have your employer offer healthcare? Are you able to be covered/approved by insurer? Then, can you afford it? Hurdles.

People do like their doctors; they are beginning to not like their hospitals. They hate insurance companies. Affordability. Once you make it through all those hoops are you going to have the coverage you need? Prefer to use a community health center. Wonder why you are paying for this luxury when you are just trying to pay the rent.

Access issues relate to eligibility or discontinued coverage. Hope for new system is that there is one door they need to go through and will then be routed to the appropriate solution regardless of background. Outcomes in healthcare are often unequal to audience being served. Social competency.

Advocates help people.

Anyone who comes through our doors is educated about how they can access healthcare, what options are available.

Our organization is primarily funded through the Ryan White program. Case managers are on site and throughout state to support people living with HIV/AIDS. Our organizations don't specifically help people but their member programs provide those direct services.

Language barrier is huge.

It's not just an access issue; it's a health disparities issue.

Once you get in the door, it must be easy to apply for care. It is terribly difficult and complicated to apply with Medicaid.

But in this economy we are seeing a number of people who lost their jobs who might be seeking state help when they never thought they would have to.

Those people will likely be on Medicaid, not exchange. Exchange needs to reach out to people who are a little bit higher income.

What is the awareness of your constituents about the forthcoming changes in healthcare insurance? How is it perceived that it will affect them?

It depends. Providers are keenly aware but feel the devil's in the details. At the consumer level there are varying levels from no awareness to keen awareness for those involved in advocacy.

On awareness, be careful about throwing around the term Obama Care. As a blue state we may not have the level of distrust as other states. Be careful and mindful during election campaign for how this affects audience. As you identify what the law actually offers, people start to like it better. People had more trust of the Connecticut government than the federal government. As people heard more that this was going to be run at the state level people became a little more comfortable with it.

What kinds of questions will your constituents have about how that affects them?

Can I still keep my doctor? People have built relationships with particular providers over a long period of time. The threat of losing those providers could be really scary for them.

How much will this cost me? Maybe my doctor will not be covered but it focuses on money.

Is this going to help provide easier access? Sometimes it takes people months to get an appointment with a psychiatrist. Continued coverage is very important especially for people just coming out of an inpatient facility. Sometimes this causes people to go back into the hospital.

What is the current level of awareness of healthcare exchanges? What impact does it have on them individually?

Low awareness. My constituents do not even know what the Exchange is.

Nobody knows anything about the Exchange.

Access to specialists. Many of our constituents living with HIV/AIDS have co-morbidities (Hepatitis, homelessness, etc). Seeing aging population of people living with HIV, not yet sufficient research on aging with HIV effects. Those doctors who started on front lines 30 years ago are retiring, and there are not a sufficient number of specialists left. AIDS drug assistance program in Connecticut has a drug assistance program formulary with access to medicines for HIV and related immunity illness. People can access that up to 400% of the FPL. Concern about what will happen to those folks when ACA rolls out. On the national level the thinking is that when ACA rolls out in 2014 that it will take time for all provisions to get in place and stay in place. Massachusetts has taken three years to iron out all the wrinkles. Anticipation that everything is

not going to be in place in 2014. Hoping to use Ryan White program to serve as an intermediary in that period. Most people living with HIV have no concept of any of this.

Nobody trusts that it's going to get better with Exchange. Requires trust in government making sure that insurers respect ACA and make it a reality. Enforcement. It's not going to be easy. It's been a poor value for a long time.

Small businesses get a sore deal in the market. Hope that the Exchange will be negotiating for us to get better value. Need to be able to trust that the people behind it are really doing that for us.

Consumers and small employers have very different needs.

Understanding the Effect:

Describe how the Exchange can affect the lives of your group members.

Access to medication. People with mental health issues can't just switch off from brand name to generic. Will there be a preferred drug list, and artificial barriers like pre-authorization?

Substance abuse services. People have issues accessing detox and treatment. Shuts the door and prevents them from getting help. The Basic Health Plan will be very critical – how it gets defined and decided.

The biggest thing is this will provide people the ability to buy insurance without being wealthy. It may not fit your needs perfectly but at least you have a choice now when you didn't before the passage of the law.

Even for people that have insurance now, this provides health security so that if you do lose your job there is going to be a place for you to go. If you want to start a new business on your own, this is one thing you don't have to worry about. Security. Huge.

There will be a place for you to make rational decisions. Currently, people may not read fine print. Now they will be able to compare apples to apples. People will have an easier, more straightforward way to compare plans and make decisions.

It will protect children by extending insurance coverage for children within their families.

Hope for people with HIV/AIDS is that people who are not eligible or dually eligible for Medicare will now be able to get into care.

As they start to hear more about the Exchange, what do you think their main concerns will be? What is the upside? What is the downside risk?

You can have insurance but that does not mean you are going to get an appointment. Provider access is still an issue even if you have insurance. In fact, in Massachusetts, primary care clinics were overwhelmed because of the influx of people with insurance.

People waited for a year. Paying premiums for a year and can't see a doctor. When discussing the individual mandate, the message needs to answer, "What's the penalty?" People may not care that it comes out of tax refund because they tend not to get one. A lot of people don't understand how insurance works or why they should have to pay for it.

I work with a lot of the Hispanic and Asian community. Translation services are not reimbursable for medical appointments. There is an added expense for having translation. It is not always appropriate to have a loved one translate for you (for instance, in drug abuse treatment). Need to address whether this will be covered.

Focusing the Message:

What elements of the Exchange do you think could cause the most confusion or apprehension?

Funding from federal government.

One of the concerns that consistently emerge is concerning paper. Confidentiality, privacy of individuals. Nothing happens when people's records are violated. Consumers invariably (e.g. UCLA) have their records violated. Secure databases, secure access and privacy.

Even the name is confusing. Terrible name. Exchange? Doesn't tackle what the social thing is going to be. People don't know what you are talking about. Is it a fish market? A stock exchange? Bad word.

Access to medications.

Navigating the thing – is it going to be intuitive? Some constituents have cognitive issues due to their illness. If they are going to do this through a website, information and ads flashing at them can be overwhelming. Simple, straightforward design is very important for these people.

Trying to navigate is a nightmare for even us, relatively savvy people. Much of our audience is not only medically fragile, but socially fragile too. They will need assistance helping to navigate what we may think are simplest tasks.

As someone who has been through the choices train, I understand it but I wouldn't want to help you through. Too complicated.

We serve people who are poor. With poverty come anxiety, anger, and resentment with your place in the world. If it is not laid out in a way I can understand, if there's a misconception that someone's going to be right there to meet me. Is it going to be a poor experience like taking number and sitting at DSS? People need to understand how to maneuver through the system and feel like they are going to be helped through. We must be understanding of the anger.

What is the most important information the Exchange needs to make available to consumers?

State helps facilitate access for Medicare Part D, but that will end in June. That is okay because the message has gone out in a fairly widespread way. With the CHOICES program there are agencies throughout the area with access to counselors to help aging people navigate healthcare. People who aren't necessarily going to go through Exchange need to know about this as their plan b. Those eligible for Medicaid needed to know how Part D worked.

Clarity. What am I buying? Can I continue to see my doctor? Poor still go to emergency room for an earache. When you have to wait for days to go to a clinic, you're going to go to the ER if you're dealing with pain. In the ER we should have people who can help consumers gain access to provider.

As an employer, I need to select healthcare to provide my employees. As an intelligent person, I can't figure out how to compare these plans. Jargon. Language has to be really easy. Need to be able to compare apples and apples.

What tone or personality do you think the Exchange should use in their messaging?

Penalty will be very easy to pay. Must sell product. Positive tone. Helpful.

Solving a problem.

Gentler message.

Must be evidence based. "Brain on Drugs" wasn't provable and therefore not effective.

Wal-Mart – simple, low price, you know what you get.

Simple, helpful, easy. Our demographic is concerned with their lifespan. People with mental illnesses live an average of 25 years less. Help to extend your life. Upbeat. Positive.

Would like to see something that rewards people for someone who stays healthy. Rewards good health and preventive health. Could be a good message.

Vision/Approach for Outreach:

What is the best way to communicate about the Exchange to your constituents? What language do they speak? How do they travel? Are there places where they congregate?

I don't talk to my constituencies in the language used in the discussion guide.

Focus groups were done with Husky parents. Television did not work. Radio worked moderately. Inserts in newspapers were not a good idea. Newspaper readers probably are not your target audience (highly educated, higher income). Who would they listen to? Listen to someone they trust – someone in their community. People don't buy insurance off a billboard. Off a telephone pole. Their doctor would be a really good messenger.

As we consider ways to publicize the Exchange, how do we reach them beyond traditional media?

Churches.

Different in every neighborhood. Church, housing authority.

Neighborhood centers, recovery community, CCAR, where people go already for help. Have had a lot of success with billboards and buses. Certain sides of the bus are more effective. Need to be cognizant of where these are located. Get into the communities.

Engage as many of these community organizations as possible. We need everybody to have an Exchange brochure in their bag.

Could do high level stuff. Also use trusted advisors to bring forth the message to the constituents. Viewed as impartial and trusted.

When we deal with complex issues with cost involved, it's a two level thing. Use social media for awareness. There also needs to be some way to sit down and have a face to face conversation with someone who knows it understands it and can help guide them through.

A lot of people have Facebook pages, use texting.

For younger people.

Everyone has got a phone, everyone texts.

Some television.

Not sure people expect to get trusted healthcare information through Facebook. Just because it is everywhere doesn't mean it is trusted.

Links to more detailed information from there.

Who or what are your constituents' trusted source(s) for information? What is the best way to leverage these sources to reach this audience? What role should ambassadors play in communicating the Exchange?

Right now we have a pretty good system of care for HIV patients in Connecticut's Ryan White program. In 30 years since its inception we have developed a pretty good safety net where people can access healthcare, mental health and treatment. Case managers who are essentially navigators. Have concern about what that is going to look like as ACA rolls out.

2-1-1 is an obvious place to go for accessing and educating about healthcare access. Be careful about navigator word. There is a big fight ahead about this, and we are not clear yet what Connecticut is going to do. It's obvious that these member services should be the ones to help.

You can write a great message but if it comes from an HMO it will have a lot less effect than if it comes from their doctor.

Already have a system of case managers. 10,000 people known to be living with HIV in state. 20% of people infected don't know their status. It is important that HIV testing is covered in the essential benefits package. Getting message out to members in member program so that it can filter down to people on the client level.

Very poor have some social service connection. There are many people who fall in the middle who are young and relatively healthy. Young males, 20-30 years old, who don't think they need it, have no connections.

Typically women make healthcare decisions. A lot of these people are not connected to social services. Those people are even trickier. Women get healthcare at least to get birth control, men don't.

CAN, CCPA, these are community providers who belong to multiple community organizations who would be great sources for this information.

Most in group open to an email inquiring about suggested organizations that might be helpful. Some okay with that, others not. Would need to be from a trusted messenger.

Connecticut Coalition on Homelessness.

Ambassador. I like that. Think of national orgs like AARP so that they can tailor their messages with yours.

Language will be different in every community. Bosnian, Albanian, Asian. Communities are as different as the people who live in them. Very community based.

Community Health Center spends a lot of time on translation. CHC1.org.

Chambers of commerce are good sources for input.

Be aware that chambers also sell insurance.

Local communities have business coalitions, rotaries.

New Park Ave is one small business after another.

Any provider who is struggling with a patient who doesn't have coverage.

When they have gone to a doctor is when they have a problem that insurance solves. A billboard can address "a real teachable moment." Or, you can put a brochure in every healthcare bill that goes out. Put them in the emergency rooms.

This doesn't exist in society right now. The navigators are the people who help you out and type into the website.

Connecticut Association of Nonprofits. Connecticut Community Providers Association. Two great sources of information. CHOICES.

How can we make it easier for your group members to understand the Exchange and feel more comfortable with it?

Be as transparent and forward as possible

Need to back up statements. If the message says that people will have somewhere to go, the Exchange needs to deliver on that.

Be aware not only of languages but also dialects.

People going into exchange will be 133-200% over FPL. Many people are going to be eligible for Medicaid.

Use the same process: call up everyone you can find, every neighborhood. People will have to hear it 3-4 times from people they trust.

Phone may not be sufficient for the middle class person whose floor falls out from underneath them. So there's a range of needs. Some of these people are comfortable and others are more fragile. There needs to be some type of human factor. Many people who have had to do this already have a negative experience (DSS office) in their head that the Exchange will need to go up against.

The law will require multiple channels. Needs to use web, phone, in person. Personalized, flexible. Many people in the social service world will be able to help people to do this. Others will be fine just going online.

What do you need to enable you to help your constituents better understand the Exchange (i.e. communications, tools, education materials, etc)?

Fact sheets, FAQs, resources, PDFs,

Online works too.

A website that would have all of that. One stop shopping.

We have constituents who have no digital connection.

Put a poster in every clinic. It would be beneficial not only to the patient but to the provider as well. Some way to get this person insurance so you can provide them treatment.

What can we do to help how the Exchange impacts your constituents in a positive manner?

Make sure to have sufficient information about who the demographic will be, get their input and validate your approach.

There is a lot known about HUSKY outreach and what worked/didn't.

Without a clear message of what the Exchange is, it won't be helpful to send materials or information out. Need to have full picture.

You need to be ready to rock and roll when you begin to engage. You can on provider or nonprofit level give driblets and drabs, but with engaging consumers you must be able to provide sufficient info.

Enrollment is closer than you think. October 2013. Wait until after the election if possible. If Obama gets reelected at that point it will be prime time to start paving the way. Needs a name.

Describe what you would consider to be a successful outreach effort. What are the key elements that must be a part of the introductory outreach efforts?

Web, social media, electronic stuff, also nonprofit communities, advisors, trusted ambassadors in the town.

M I N T Z H O K E

Build on some of the infrastructure that is already there. We have a funded infrastructure already established. As things shift and change let's use some of that. Let's not lose that with the shifts that are happening.

There needs to be a central place where consumers as well as providers and advisors can go to for information/education. Locations throughout state. Structured model on how people are treated when they go there, expected length of time, what paperwork will be filled out, what kind of help will be available to assist with filling it out, in some cases, have someone who can actually take people to their location to fill it out. Someone must hold someone accountable to make sure these are environments that will be helpful. Provide materials with further explanation.

Not looking like DSS. Not someone behind a mirror. You go into the abyss.

Expedia. Drop info in and go.

There needs to be a place, a personal connection, a personal touch. Some of us are really comfortable online. There is going to be a lot of apprehension, fears. This audience is medically and socially fragile. For many constituents, this is going to be one of the biggest financial decisions they're going to make.